



2024–25 Family Size Conflict — (EFSC25)

Student Name: _____ ETSU E-Number: E _____

Complete this form for anyone you and/or your parent(s) listed in the family size that is an additional dependent that receives more than half their support from you and/or your parent(s) and will continue to do so for the academic year. A separate form is required for each additional dependent you want considered. Additionally, the Office of Financial Aid and Scholarships reserves the right to request additional documentation to support the dependency status of another person in the family size as needed.

Note: The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student or parent could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2024-25 FAFSA. As a result, the student should not include any unborn children in the family size.

Check the box that applies to the other person listed in the family size:

The student or parent(s) have provided and will continue to provide more than 50% of _____'s support from July 1, 2024 through June 30,2025 (the 2024-25 academic year).

The student or parent(s) have NOT provided and will NOT continue to provide more than 50% of _____'s support from July 1, 2024 through June 30,2025 (the 2024-25 academic year).

Certification: STUDENT MUST COMPLETE THE CERTIFICATION BELOW

By signing this form, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail, or both.

Handwritten or stylus signatures are required - typed signatures will not be accepted.

Student Signature Date

Parent Signature* Date

***Parent information is only required for dependent students. Independent students should only report their own information.**